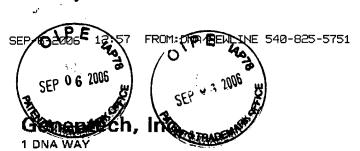
## PART B - FEE(S) TRANSMITT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |                                                                |                                                                                                                                                                                                                                                                                                                                       | Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| INSTRUCTIONS: This for appropriate. All further con indicated unless control of maintenance for notification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | rm should be used for tran<br>respondence including the l<br>below or director otherwise   | smitting the ISSU<br>Patent, advance ore<br>in Block 1, by (a) | E FEE and PUB!<br>dors and notificati<br>specifying a new                                                                                                                                                                                                                                                                             | LICATION FRE (if re<br>on of maintenance feet<br>correspondence addre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | quired). Blocks 1 through 5 s will be mailed to the currents; and/or (b) indicating a se | should be completed where<br>nt correspondence address as<br>parate "FEE ADDRESS" for |
| CURRENT CORRESPONDENCE ABSORDS (Note: Use Block 1 for any change of address)  7590 (6/1/7/2006  Carol Kochler, Wendy Lee  Genentech  DNA Way  South San Francisco, CA 94080-4990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                |                                                                                                                                                                                                                                                                                                                                       | Note: A certificate of mailing can only be used for domestic mailings of the Foc(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  Hendy M. Lee (Depositor's pame)  (Signature) |                                                                                          |                                                                                       |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FILING DATE                                                                                | FIRST NAMED INV                                                |                                                                                                                                                                                                                                                                                                                                       | ENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ATTORNEY DOCKET NO.                                                                      | CONFIRMATION NO.                                                                      |
| 09/713,425 11/15/2000 Leonard Presta P1726R1P1 TITLE OF INVENTION: POLYPEPTIDE VARIANTS WITH ALTERED EFFECTOR FUNCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                            |                                                                |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          | 3384                                                                                  |
| APPLN, TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SMALL ENTITY                                                                               | ISSUE FE                                                       | E                                                                                                                                                                                                                                                                                                                                     | PUBLICATION FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TOTAL FEE(S) DUE                                                                         | DATE DUE                                                                              |
| กดูกุฎรองโลเบกนไ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NO                                                                                         | \$1400                                                         |                                                                                                                                                                                                                                                                                                                                       | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | S1400                                                                                    | 09/07/2006                                                                            |
| EXAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ART UNIT C                                                                                 |                                                                | 11.ASS-SUBCLASS 93.796/2006 TBESHAH2 00000082 070630 09713425                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                                                                       |
| SAUNDERS, DAVID A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                            | 1644                                                           |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                                                                       |
| I. Change of correspondence address or indication of "Fee Address" (37 UFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer Number is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |                                                                | 2. For printing on the patent front page, his 1091  (1) the names of up to 3 registered patent afforms or agents OR, ultranatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                                                                       |
| PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Genentech,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EE<br>Inc.                                                                                 | low, no assignee d<br>if this form is NOT<br>(                 | ata will appear or<br>a substitute for file<br>(B) RESIDENCE:                                                                                                                                                                                                                                                                         | the patent. If an assigning an assignment. (CITY and STATE OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | , California                                                                             |                                                                                       |
| kaise check the appropriate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | assignee category or estegor                                                               | ies (will not be prin                                          | oled on the patent)                                                                                                                                                                                                                                                                                                                   | : U Individual XII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Corporation or other private gr                                                          | roup entity U Government                                                              |
| Advance Order - # of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nall entity discount permittee<br>Copies1                                                  | d) [                                                           | b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is bereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-0630 (enclose an extra copy of this form).                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                                                                       |
| · <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (from status indicated above)<br>AALL ENTITY status, See 3                                 | _                                                              | b. Applicant is:                                                                                                                                                                                                                                                                                                                      | no longer claiming SMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ALL ENTITY status. See 37 C                                                              | CFR 1.27(g)(2).                                                                       |
| The Director of the USPTO in NOTE: The lease Fee and Penterest as shown by the reco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | s requested to apply the Issurblication Fee (if required) words of the United States Pater |                                                                |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | sly paid issue fee to the applic<br>gistered attorney or agent; or t                     |                                                                                       |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            |                                                                | Date 9/6/06                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                                                                       |
| Typed or printed name Wendy M. Lee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |                                                                | Registration No. 40, 378                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                                                                       |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) a application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Palent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. |                                                                                            |                                                                |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                                                                       |



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Please deliver the following page(s) to:

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FROM: Wendy M. Lee

Registration No.: 40,378

RE: U.S. Serial No.: 09/713,425

Our Docket No.: P1726R1P1

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Enclosed for consideration and entry on the record in connection with the above application are: this cover page, Issue Fee Transmittal (dup) and Fees: \$1400.